2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 01, 2006 8:00 am
Secretary of State
02-01-2006 90012 007 ***150.00

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1. Entity Name
2 EXTREME BEAUTY SALON INC

Principal Place of Business	Mailing Address
8380 N FLORIDA AVE TAMPA, FL 33604	PO BOX 13278 TAMPA, FL 33681

2. Principal Place of Business		3. Mailing Address	
		2029 Shelbourne Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Wesley Chapel FL	
Zip	Country	Zip: 33543	Country

4. FEI Number: 20-2924887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KURAL, CARLO 8380 N FLORIDA AVE TAMPA, FL 33604	Name: Kural, Carlo Street Address (P.O. Box Number is Not Acceptable): 2029 Shelbourne Ct City: Wesley Chapel FL Zip Code: 33543

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1-24-06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,D	☐ Delete	TITLE	P, D	☑ Change ☐ Addition
NAME	KURAL, CARLO		NAME	KURAL, CARLO	
STREET ADDRESS	8370 N FLORIDA AVE		STREET ADDRESS	2029 Shelbourne Ct	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-24-06
Daytime Phone #: 813-714-6273